

# Two Case Reports of Isolated Epiglottic Manifestations of HIV Infection

Wan Lin\*

Department of Otolaryngology Head & Neck Surgery, Pondicherry University, Puducherry 605014, India

## Introduction

Human Immunodeficiency Virus diagnosis remains difficult due to non-specific clinical presentations and mostly flu-like symptoms, such as fever, headache, sore throat, and general weakness. Oral lesions, such as oral candidiasis and Kaposi sarcoma, are commonly associated with HIV infection, whereas laryngeal manifestations are uncommon. Endoscopy revealed an epiglottic ulcerative tumor-like lesion in two cases of newly diagnosed HIV patients with clinical presentations of sore throat. For persistent symptoms and the possibility of malignancy, a laryngomicrosurgical biopsy of the lesions was performed. The findings revealed acute and chronic inflammation, but no definitive pathology diagnosis. Due to the persistent and atypical symptoms of autoimmune diseases, Epstein-Barr virus, and HIV infection, additional laboratory testing was arranged. The results indicated HIV infection. These patients were successfully treated with antiviral medication, and their laryngeal symptoms improved within weeks. HIV infection should be considered as a potential aetiology in patients with idiopathic and persistent epiglottitis or an epiglottic ulcer after medical treatment in order to institute proper treatment [1].

## Description

Aphthous ulcer in the oral mucosa is a common symptom in the general population and one of the most common in HIV patients. It is more likely to be seen in the later stages of HIV infection and can be recurrent and persistent in immunocompromised patients. Other oral manifestations of HIV infection, such as oral candidiasis, Kaposi sarcoma, cancrum oris, and herpes infection, are also common. However, isolated ulcerative lesions over the epiglottis are uncommon in HIV patients, and the English literature on laryngeal manifestations in HIV patients is limited. We observed two cases of newly diagnosed HIV patients who had clinical epiglottic lesions.

HIV infection frequently causes flu-like symptoms, and epiglottitis is rarely involved. We reported two HIV cases with an isolated epiglottic tumor-like lesion in this study, emphasising the potential aetiology of HIV infection in idiopathic and persistent epiglottic lesions. Oral ulcers are common in HIV/AIDS patients, but epiglottic ulcers that mimic tumour lesions are uncommon. The treatment of epiglottic ulcers is determined by the patient's symptoms and the lesion's characteristics. A biopsy should be performed to rule out malignancy in persistent non-healing ulcers and lesions with abnormal characteristics such as irregular margins, heterogeneous appearances, and destructive structure. A biopsy followed by excision should be considered

\*Address for Correspondence: Wan Lin, Department of Otolaryngology Head & Neck Surgery, Pondicherry University, Puducherry 605014, India, E-mail: wanlin25@gmail.com

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for larger masses causing laryngeal obstruction. Otherwise, close inspection with a fiberscope is recommended [2-5].

## Conclusion

Furthermore, acute epiglottitis in HIV patients was not reported until 1989. A study in New York presented five cases of acute epiglottitis in AIDS patients. In these patients, disease progression was rapid and devastating, and some required intubation or even tracheostomy. The study suggested aggressive airway intervention due to rapidly progressing airway obstruction. Four of the five patients had a prior medical history of a positive HIV antibody test, and one was diagnosed after treatment for acute epiglottitis. Our first patient experienced recurrent acute epiglottitis with unusual granulation formation in a short period of time. Because of the epiglottic lesion's persistence and tumor-like appearance, he underwent a biopsy. The pathological examination only revealed inflammation. Clinically, it is important to consider that immunodeficiency conditions, such as HIV infection, may be the underlying cause of unusual laryngeal lesions that mimic a laryngeal tumour or epiglottitis. When patients present with laryngeal complaints that are resistant to conservative treatment, doctors must be familiar with the decision tree and differential diagnosis.

## Acknowledgement

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## Conflict of Interest

There are no conflicts of interest by author.

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